



EMPLOYEE REQUEST FOR WORKPLACE ACCOMMODATION FORM

This form is to be completed if you require a workplace accommodation for medical reasons. This process is in accordance with the McMaster University Guide and Procedures on Workplace Accommodation, available at https://hr.mcmaster.ca/employees/health_safety_well-being/my-health/. Please ensure you have reviewed your request with your supervisor. The form can be returned to:

Confidential Fax: (905) 528-0449

Mail/Drop Off: McMaster University Employee Health Services, Gilmour Hall B105
1280 Main Street West, Hamilton, ON L8S 4L8

Secure Virtual MacDrive Dropbox:

- Save your form(s) and include your first and last name in the file name(s)
- Open the [Secure EHS MacDrive Upload Link](#)
- Select 'Add Files' and then browse for your document
- Select the file and click OK - a successful upload has an 'uploaded' notification displayed on the screen

This form is not to be used to provide medical documentation or medical diagnosis, treatment, etc.

Employee Name and ID Number:	Employee Signature:
Position Title and Department:	Date:
Supervisor Name:	Supervisor Signature:

1. What workplace limitations, caused by your medical conditions(s), are you currently experiencing? Please provide as much detail as you believe is relevant.

2. Referencing the workplace limitations you noted above, what specific parts of your assigned job responsibilities are difficult to perform due to your medical condition(s)? *Please attach a copy of your Job Description or reference your Job Description ID number (if available).*

3. Please describe as completely and specifically as possible the workplace accommodation(s) that you are requesting.

4. Please provide the duration of the requested workplace accommodation(s).

5. Please describe how the workplace accommodation(s) will assist you in performing your job responsibilities?

EHS Use Only	
Date Received:	EHS Signature: